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Plaintiffs' Co-Lead Counsel

Additional counsel listed on signature page

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

IN RE: FACEBOOK, INC. CONSUMER
PRIVACY USER PROFILE LITIGATION

MDL No. 2843
Case No. 18-md-02843-VC

This document relates to:

ALL ACTIONS

PRECIPE

Judge: Hon. Vince Chhabria
Courtroom: 4, 17th Floor
Hearing Date:
Hearing Time: 10:00 a.m.

Co-Lead Counsel omitted to include Exhibit A referenced in Pretrial Order No. 9:
Protocol for Common Benefit Work and Expenses, August 17, 2018, ECF No. 121. Attached
hereto is the omitted Exhibit A.

Dated: August 27, 2018

Respectfully submitted,

KELLER ROHRBACK L.L.P.

BLEICHMAR FONTI & AULD LLP

By: /s/ Derek W. Loeser
Derek W. Loeser

By: /s/ Lesley E. Weaver
Lesley E. Weaver

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Plaintiffs' Co-Lead Counsel

ATTESTATION PURSUANT TO CIVIL LOCAL RULE 5-1(i)(3)

I, Derek W. Loeser, attest that concurrence in the filing of this document has been obtained from the other signatory. I declare under penalty of perjury that the foregoing is true and correct.

Executed this 27th day of August, 2018, at Seattle, Washington.

/s/ Derek W. Loeser

Derek W. Loeser

CERTIFICATE OF SERVICE

I, Derek W. Loeser, hereby certify that on August 27, 2018, I electronically filed the foregoing with the Clerk of the United States District Court for the Northern District of California using the CM/ECF system, which shall send electronic notification to all counsel of record.

/s/ Derek W. Loeser

Derek W. Loeser

EXHIBIT A

MONTHLY TIME REPORTS

Firm Name: _____

Date: _____

Categories: 1. Lead Counsel Calls/Meetings 2. Participating Counsel Calls/Meetings 3. Lead Counsel Duties 4. Case Management 5. MDL Status Conf. 6. Court Appearance 7. Research 8. Discovery 9. Doc. Review 10. Litigation Strategy & Analysis 11. Dep. Prep/Take/Defend 12. Pleadings/Briefs/Pre-trial Motions/Legal 13. Experts/Consultants 14. Settlement 15. Trial Prep 16. Trial 1. Appeal

| Last Name, First Name | Professional level: Partner (PT), Associate (A) Contract (C) or Paralegal (PR) | Date of Service: | Category Code: | Category Name: | Detailed Description of Work Performed: | Billing Rate: | Time spent (by 0.1 increments) | Fees Total: |
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MONTHLY TIME REPORT TOTALS

Firm Name: _____

| Category Name | Total Time per Category | Total Fees per Category |
|---|--------------------------------|--------------------------------|
| Lead Counsel Calls/Meeting | | |
| Lead Counsel Duties | | |
| Administrative | | |
| MDL Status Conf. | | |
| Court Appearance | | |
| Research | | |
| Discovery | | |
| Doc. Review | | |
| Litigation Strategy & Analysis | | |
| Dep. Prep/Take/Defend | | |
| Pleadings/Briefs, Pretrial Motions, Legal | | |
| Experts/Consultants | | |
| Settlement | | |
| Trial Prep | | |
| Trial | | |
| Appeal | | |
| Total: | | |

Date: _____

EXPENSE REPORT

Firm Name: _____

Date: _____

Categories: 1. Assessment Fees 2. Federal Express / Local Courier, etc. 3. Postage Charges 4. Facsimile Charges 5. Long Distance 6. In-House Photocopying 7. Outside Photocopying 8. Hotels 9. Meals 10. Mileage 11. Air Travel 12. Deposition Costs 13. Lexis/Westlaw 14. Court Fees 15. Witness / Expert Fees 16. Investigation Fees / Service Fees 17. Transcripts 18. Ground Transportation (i.e. Rental, Taxis, etc.) 19. Other (Describe)

ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS EXPENSE SHEET

| Date: | Category Code: | Category Name: | Detailed Description: | Amount: | Receipt Provided: Yes/No (if no, provide reason) |
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SUPPLEMENTAL EXPENSE REPORT

Firm Name: _____

Date: _____

Categories: 1. Assessment Fees 2. Federal Express / Local Courier, etc. 3. Postage Charges 4. Facsimile Charges 5. Long Distance 6. In-House Photocopying 7. Outside Photocopying 8. Hotels 9. Meals 10. Mileage 11. Air Travel 12. Deposition Costs 13. Lexis/Westlaw 14. Court Fees 15. Witness / Expert Fees 16. Investigation Fees / Service Fees 17. Transcripts 18. Ground Transportation (i.e. Rental, Taxis, etc.) 19. Other (Describe)

ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS EXPENSE SHEET

| Date: | Category Code: | Category Name: | Detailed Description: | Amount: | Receipt Provided: Yes/No (if no, provide reason) |
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